## L21000017603

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## COVER LETTER

TO: Registration Section **Division of Corporations** Venice Home Services LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Stephen Zeno Name of Person Venice Home Services LLC Firm/Company 237 Acerno Dr Address Venice Florida 34275 City/State and Zip Code venicehomeservices@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stephen Zeno Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Venice Home Services LLC

2021 OCT 22 AM 7: 49

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/05/21 Florida document number L21000017603 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address \_, Florida \_\_\_

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Christopher Zeno	1766 Croton dr	FAdd
		Venice FI, 34293	□Remove
			□Change
			□Add
			CRemove
			Change
			□Add
			□Remove
			Change
<del></del>			□Add
			□ Remove
			□Add
			□ Remove
			Change
		<del></del>	□ Add
			□Remove

N/A	
ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date	(optional)
te: If the date inserted in this block does not meet the applicable sument's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed a
ecord specifies a delayed effective date, but not an effective time, a s filed.	it 12:01 a.m. on the earlier of: (b) The 90th day after the
October 18th 2021	
Signature of a member or authorized	
Signature of a member or authorized	representative of a member

Typed or printed name of signee